STATE OF ALABAMA

Department of Corrections
Inmate Stationery

July 13, 2005
From: Inmate Richard W. Wright, Sr A.Is # 187140 Dorm 6-B bed#1
TO! Ns. Burks (Head Nurse)
Dear Ms. Burks,
I requested From you in the past a data Facts sheet For the T.B skin test medication. For such reason I make such request to you again. Your response Concerning this important matter is requested.
Sincerely,
Richard Wayne Wright Sr.
anchore wayne winger
7-18-05(0)

5

Prison Health Services Inmate Informal Grievanc Ventress 845

Richard W Wright	187140 AIS#	<u> </u>	July 7,200 DATE
PARTA-Inmate Complaina I've repeatly to receive med health I'm bei Fees for Fillia medical/heal totally disrece problems I'v	filled out ical Care in any Charge ! and out Sick the problem parded oth and ed oth	hopes to preserve 3. dollars co-pay call slips real she desires of the medical/healt	order re my ment vesting and d h suggest
		Rull Walt S	#187140
PART B-RESPONSE LIOU HAUR SUT LOW C. HERROY WILL HAT BE BO	Hara Fed B	DATE RECEIVED SICK LANGE ACK TO YOUR L	aust Cott.
		MEDICAL STAFF SIGNATU 1/18/1) 3	THS A

If resolution has not occurred and you wish to file a formal grievance you may request a grievance form from the Health Services Administrator. Return the completed grievance form to the Health Service Administrator.

	Y	N		Υ.	N.
I Dissatisfied with Quality of Medical Care	1X		VI Delay in Health Care Provided	- استقر	X
II Dissatisfied with Quality of Dental Care		尽	VII Problems with Medication		X
III Dissatisfied with Quality of Mental Health Care		8	VIII Request to be seen	B	
IV Dissatisfied with Response to Non-Medical Request	_ <u>8</u>		IX Request for Off-site Specialty Care		X
V Conduct of Healthcare Staff	2	⊠"	X Other		Y

11/03 - Alabama 17-13-15/N

		INMATE REQUEST	r slip	4B-1
Name Rich	ard WWr	og het Quarters 68	-17	Date July 6, 200
		s# <u>187140</u>		• ·
() Telephon () Special	•			Personal Problems Other <u>Medical</u>
Briefly Outlin	ne Your Reque	st- Then Drop in Mail	Box	
I requ	rest Fro	sm you in -	the f	past a data
Forts s	Sheet F	or the GB	.) sk	in test medi-
cation.	I ask	would yo	<u>u</u> 50	nd me the
home	address	OF P.H.S.	head	quarters.
Also c	in July	1,2005 I	was	scheduled
to see	Dr Ray	spati Wou	dy	ou print
his fi	ul sax	e Correct	ly F	for me and
the o	iane o	f the med	ication	on he
preson	bed in	the space	نمد	dicated
<u>belou</u>				
		ne – For Reply Only		6
1/18/1	Udica	tion info	20	pert
914	2.		 	
	1115		·	
	- AND THE			
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Approved	Denied	Pay Phor	ne	Collect Call
_	ted To: (Check	One)		
) Warden		() Deputy Wards	en	() Captain
) Classifica	ation Superviso	r () Legal Officer	- Notary	() Record Office
		Public		
	Head	Nurse		
	_	N176		
for p	Ms.	Nurse N176 Burks	5	

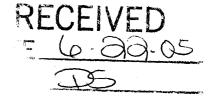
Name Richard W Wright Quarters GB/bed Date June 28, 5 AIS # 187140 () Telephone Call () Custody Change () Personal Problems () Special Visit () Time Sheet () Other Briefly Outline Your Request- Then Drop in Mail Box
AIS # 187140 () Telephone Call () Custody Change () Personal Problems () Special Visit () Time Sheet () Other
AIS # 187140 () Telephone Call () Custody Change () Personal Problems () Special Visit () Time Sheet () Other
() Special Visit () Time Sheet () Other
Briefly Outline Your Request- <u>Then Drop in Mail Box</u>
I would like to receive
information concern the T.B
Skin test / Data Fact sheets
please.
Oo Not Write Below This Line – For Reply Only
7/6 1//
10 11 11 11 11 11 11 11 11 11 11 11 11 1
,
proved Denied Pay Phone Collect Call
test Directed To: (Check One)
Warden () Deputy Warden () Captain
Classification Supervisor () Legal Officer-Notary () Record Office Public
MS. Burks

Prison Health Services Inmate Informal Grievanc Ventress 845

Kichard W NAME	Wright 187140	9-B bec	1) Tunc 21, 2009
PART A-Inmat	e Complainant e peatly Filled or to receive medic e my health. I ars to-payme ck Call Slips re ent. For Some treating the medical rhealth on. what do you	unit at Sick Call al Care in m being Ch nt Fels For questing med reason the medical / hea nd totally di n problems I	Slips 90 hopes to arge filling lical Doctor 1th isregarded ve 3
,	,	MEDICAL STAFF SIG	GNATURE
krouger alle voor heert Manade Haar Terrer Werner However heer de manuel heerste re	andinandiamilian yilangi inakanan di nyakancina silanci injadina silanginan mayana sanjara.	DATE	

If resolution has not occurred and you wish to file a formal grievance you may request a grievance form from the Health Services Administrator. Return the completed grievance form to the Health Service Administrator.

	Y N		YN
I Dissatisfied with Quality of Medical Care	X D	VI Delay in Health Care Provided	BO
Il Dissatisfied with Quality of Dental Care		VII Problems with Medication	88
III Dissatisfied with Quality of Mental Health Care		VIII Request to be seen	X -0
IV Dissatisfied with Response to Non-Medical Request		IX Request for Off-site Specialty Care	
V Conduct of Healthcare Staff	XX	X Other	人区口



EA TO
(pss) 8-P mod
Bichard W. Wright, Sr. # 187140
RECEIVED Richard W. Wingle, 2d.
Sincerely
\
Your response is requested.
Care Unit and enquirer about the glasses (pledse).
Would you make a phone call to Bullock health
for me arrived here from Bullock prison, Ir not
I would like to Know have the eye glasses
The state of the s
To whom it may concern.
May 12, 2005
(.p.s) 8-P M70(OH1781# 2IA
From: Inmate Richard W. Wright, Sr.
10: Head Nurse